

**SUPPLEMENTARY INFORMATION FORM : 2024 ADMISSIONS**

***Admission to St. Catherine's Catholic Primary School***

**Please complete in BLOCK CAPITALS and return to School by  
4 pm on 15 January 2024**

SURNAME OF CHILD	_____
FORENAME(S)	_____
DATE OF BIRTH	_____

ADDRESS OF CHILD	_____
	_____ POSTCODE _____
YOUR TELEPHONE NUMBER	_____

IS YOUR CHILD		
BAPTISED ROMAN CATHOLIC	<input type="checkbox"/>	NON CATHOLIC <input type="checkbox"/>

FOR BAPTISED ROMAN CATHOLICS	
MONTH OF BAPTISM	_____ YEAR _____
PARISH	_____
PARISH LOCATION (TOWN/CITY)	_____

You are asked to enclose a copy of the baptismal certificate with this form. If this is not possible explain below

SIGNED	_____	NAME (please print)	_____
RELATIONSHIP	_____	DATE	_____